

WELCOME TO NORMANDY OPTICAL

First Name _____ Last Name _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ OK to text? _____
(Please indicate the phone number at which you would like to be reached)

E-Mail _____ Birthdate _____ Age _____

Family Doctor _____ Referred by _____

Vision Benefits Company _____ ID# _____

Health Insurance Company _____ ID# _____

Member Name _____ Member dob _____ last 4 of social _____

What is the reason for today's exam? _____

List any medical problems: _____

List all medications you are currently taking: _____

List any drug allergies: _____

List any eye surgery/injury/disease in your past: _____

List any eye diseases in your family: _____

When was your last eye exam? _____

Do you smoke or use tobacco products? _____

I hereby authorize Normandy Optical/ Dr Michael Wojton to furnish any information to insurance carriers concerning my eye exam/or treatment. I hereby assign Normandy Optical/ Dr Michael Wojton all payments for services rendered. I understand that I'm responsible for any amounts not covered by my insurance. I acknowledge that I received a copy of Normandy Optical Notice of Privacy Practices.

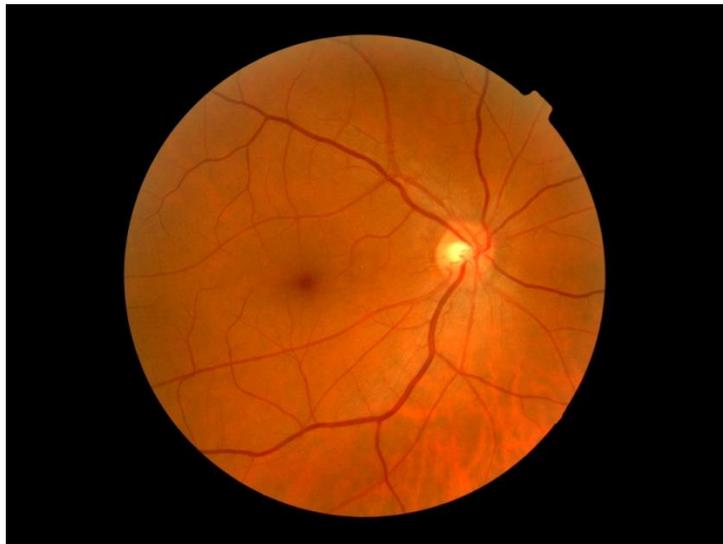
Signature _____ Date _____

At Normandy Optical, we are pleased to offer retinal photography as a valuable addition to your eye examination. This is a non- invasive procedure and nothing will touch your eye. Retinal photos are recommended at your first visit to our office and every 3-4 years afterwards.

Why does Doctor Wojton recommend retinal photographs?

Retinal photos are high resolution digital pictures of the interior portion of your eye called the retina. These photos can assist Doctor Wojton in diagnosing and documenting many conditions, including glaucoma, macular degeneration, and diabetes. These photos will be part of your permanent record. At future visits, Doctor Wojton can refer back to previous photos to detect changes in the retina which may indicate disease onset or progression.

If a medical problem is found, we may be able to bill your health insurance. Otherwise, the fee for screening photos is **\$25.00** which is not covered by insurance or vision benefits.



Yes, I want to have retinal photos taken for documentation.

No, I do not wish to have retinal photos taken.

Patient Name _____

Date _____